

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION

WILLARD L. SLOAN, EUGENE J.  
WINNINGHAM, and JAMES L. KELLEY,  
on behalf of themselves and a similarly  
situated class,

Plaintiffs,

Case No. 09-cv-10918  
Hon. Paul D. Borman  
Magistrate Mona K. Majzoub

v.

**Class Action**

BORGWARNER, INC., BORGWARNER  
FLEXIBLE BENEFITS PLANS and  
BORGWARNER DIVERSIFIED  
TRANSMISSION PRODUCTS, INC.,

Defendants.

---

**EXHIBIT 28**

**TO**

**PLAINTIFFS' MOTION  
FOR SUMMARY JUDGMENT  
AS TO LIABILITY**

Borg Warner  
Automotive  
Diversified  
Transmission  
Products  
Corporation

Plant

5641  
Michigan  
Avenue

Monro  
Indiana  
47308

Telephone  
765 226 6100  
Fax  
765 226 6038

July 19, 2000

Mrs. Joyce Ann Lacy  
0392 S. 200 E.  
Hartford City, IN 47348



**BorgWarner**  
**Automotive**

Dear Mrs. Lacy:

We were very sorry to learn of the death of your husband and wish to extend our sincere sympathy to you. This letter describes the benefits that you are entitled to receive as Tim's surviving spouse. You will receive the benefits listed below:

- |                                  |   |
|----------------------------------|---|
| Life insurance                   | \$29,500 - You will receive the payment by certified mail 2-4 weeks after the claim has been filed.   |
| Accidental death & dismemberment | \$27,500 - You will receive the payment by certified mail 2-4 weeks after the claim has been filed.   |
| Pension                          | \$504.96 per month for your lifetime, even if you remarry. Your pension effective date will be 8/1/2000, and you should receive your first monthly payment around the 3 <sup>rd</sup> week of August. In the future, your pension payments will arrive at the 1 <sup>st</sup> of each month.  |
| Health insurance                 | You will continue to be covered under the active employee insurance for nine (9) months. This coverage includes medical, dental, vision, drug, and hearing. At the end of the nine months (5/1/2001), you will then be covered by the retiree insurance plan which includes medical, drug, and vision coverage. Your health insurance benefits will be continued at no cost unless you remarry. If you remarry, the health insurance coverage would be cancelled. |
| Prescription drug card           | A new drug card with your name and social security number will be issued and mailed to you. When you receive the new card, you should destroy the one that you now have. You should consider yourself as the employee for any future claims, and your name and social security number should appear on our claim forms.   |

BorgWarner  
Diversified  
Transmission  
Products  
Inc.

Muncie  
Plant

5401  
Kilgore  
Avenue

Muncie  
Indiana  
47304

Telephone  
765 286 6600  
Fax  
765 286 6172

April 4, 2003



**BorgWarner**

Mrs. Connie J. Liby  
2107 South Grant Street  
Muncie, Indiana 47302

Dear Mrs. Liby:

We were sorry to learn of the death of Mr. Liby and wish to extend our sympathy to you. As you know, Mr. Liby had a life insurance certificate as a retiree with a value of \$28,500. You are the designated beneficiary on this certificate.

Also, your group health insurance will be continued at no cost, provided you do not remarry. A new insurance card is included for your signature. Since medical benefit payments are coordinated with Medicare, we will need a photocopy of your Medicare card when you become eligible. The medical insurance would be canceled at your remarriage.

A new prescription drug card reflecting your name and social security number will be issued and sent to you. When you receive the new card, you should destroy the one that you have now. You should consider yourself as the employee for any future claims and your social security number should appear on our claim forms.

The enclosed forms should be completed as indicated, notarized and returned with a certified copy (original) of Mr. Liby's death certificate in the enclosed envelope. Please contact me if you have any questions concerning your benefits.

Sincerely,

(Mrs.) Sandra Roark  
Insurance Specialist  
765-286-6530

CM000427

BorgWarner  
Diversified  
Transmission  
Products  
Inc.

Muncie  
Plant

5401  
Kilgore  
Avenue

Muncie  
Indiana  
47304

Telephone  
765 286 6100  
Fax  
765 286 6638

APR 06 2006

May 23, 2005



**BorgWarner**

Mrs. Anna E O'Connell  
4501 N Wheeling Ave, Bld 6B-302  
Muncie, IN 47304

*mailed  
5/3/05*

Dear Mrs. O'Connell:

We were sorry to learn of the death of Mr. O'Connell and wish to extend our sympathy to you. As a retiree of BorgWarner, Mr. O'Connell had a life insurance policy with a base value of [REDACTED]. You are the designated beneficiary of this policy. In order to file a claim with the insurance company we will need the following:

1. ✓ A Certified Copy (original) of Mr. O'Connell's death certificate;
2. ✓ You must indicate on the enclosed General Agreement whether or not you wish to continue your medical benefits with BorgWarner by checking either the accept box or reject box and signing the form under the section titled Insurance for Spouse of Deceased Employee; and,
3. ✓ The General Agreement must also be signed at the bottom of the form, notarized and returned in the enclosed envelope.

✓ Your group health insurance will be continued at no cost, provided you do not remarry. A new medical insurance card will be sent to you from Cigna and a new prescription card will be sent to you from Express Scripts. The enclosed yellow insurance card is for your vision coverage. For all future claims, you will consider yourself the employee and use the cards bearing your name and identification number. When you receive the new cards, you should destroy the ones you have now. The medical insurance would be canceled at your remarriage.

Please contact me if you should have any question regarding your benefit.

Sincerely,

*Barbara St. Myer*

Barbara St. Myer  
Human Resources Specialist  
Insurance Department  
765-286-6530

Enclosures

CM000732



**BorgWarner**

Benefits  
P.O. Box 2898  
Chicago, IL 60690-2898  
1-800-510-8624

July 6, 2005

Mrs. Daniel Mock  
1932 W. 10<sup>th</sup> Street  
Muncie, IN 47302

Dear Mrs. Mock:

Please accept our sympathy on the death of your husband. He was covered by a life insurance policy in the amount of \$7,000 and you are the designated beneficiary.

In order to claim the death benefit, we will require a certified copy of the death certificate. Once we receive the death certificate, it takes approximately 4 weeks for Cigna to process the claim.

A General Agreement form is enclosed for you to complete indicating whether or not you want to continue the medical coverage with BorgWarner. This coverage is paid for by BorgWarner so it is free to you. The items that need to be completed are highlighted in yellow. Please note that the form must be notarized.

Please forward the death certificate and the completed General Agreement form to us in the enclosed envelope.

You will receive a pension check for July at your home. The amount is \$572.49 per month. If you would like your pension check electronically deposited, please take the enclosed form to your bank for completion and then return it to me.

If you have any questions, please call.

Sincerely,

A handwritten signature in cursive script that reads "Patricia A. Hickey".

Patricia A. Hickey  
Senior Consultant

Enc.

Diversified  
Transmission  
Products  
Inc.

Plant

Kilgore  
Avenue

Indiana  
47304

785 286 6440  
Fax  
785 286 6282



September 14, 2005

Mrs. Loretta Isom  
1000 E. 5<sup>th</sup> Street  
Muncie, IN 47302

Dear Mrs. Isom:

Please accept my sympathy on the recent loss of your spouse.

You are eligible for the 75% automatic survivor option since your husband passed away as an active employee. Your monthly benefit will be \$590.94 gross. You may elect direct deposit, or a check can be mailed to your home. You may also elect tax withholding.

After your monthly pension payment has started, any changes to your pension should be reported to BorgWarner Benefits at the following phone number and address:

Toll-free Message Line: 1-800-510-8624

Address: BorgWarner Benefits, P. O. Box 2898, Chicago, IL 60690-2898

When you become eligible for Medicare Part B, we will add \$78.20 to your monthly pension after you provide proof of medicare enrollment. After your enrollment in Medicare Part B, your primary insurance will be medicare. Your secondary insurance will be CIGNA.

Unfortunately, you are not eligible for a payment from the Retention Bonus Plan. A payment is made to the beneficiary of a deceased employee if the employee had attained age 65 as of the date of death.

The Payroll Department advised me that you will be receiving three checks over the next three weeks. Two of the checks are regular paychecks. The third check is a vacation bonus rollout check. If you want additional information about these checks, please call Amber Hall at 286-6517.

If you have any questions regarding this information, feel free to call me.

Sincerely,

A handwritten signature in cursive script that reads 'Bonnie Williamson'.

Bonnie Williamson  
Senior HR Generalist

Enclosure

CM000245

BorgWarner  
Diversified  
Transmission  
Products  
Inc.

Muncie  
Plant

5401  
Kilgore  
Avenue

Muncie  
Indiana  
47304

Telephone  
765 286 6100  
Fax  
765 286 6638



**BorgWarner**

September 14, 2005

Mrs. Loretta Isom  
1000 East 5<sup>th</sup> Street  
Muncie, Indiana 47302

Dear Mrs. Isom:

We were sorry to learn of the death of Mr. Isom and wish to extend our sympathy to you. As an employee of BorgWarner, Mr. Isom had a life insurance policy with a base value of **\$31,500**. You are the designated beneficiary of this policy. In order to file a claim with the insurance company we will need the following:

1. **A Certified Copy (original) of Mr. Isom's death certificate;**
2. **You must indicate on the enclosed General Agreement whether or not you wish to continue your medical benefits with BorgWarner by checking either the accept box or reject box and signing the form under the section titled Insurance for Spouse of Deceased Employee; and,**
3. **The General Agreement must also be signed at the bottom of the form, notarized and returned in the enclosed envelope.**

You will continue to be covered under the active employee insurance through April 30, 2006. This coverage includes medical, dental, vision, and drug. This group health insurance will be continued at no cost, provided you do not remarry.

Enclosed with this letter you will find a tan insurance card for your dental insurance and a yellow insurance card for your vision coverage. A new insurance card will be mailed to your home address from Cigna for your medical claims. You will also receive a new card from Express Scripts for your prescription coverage. For all future claims, you will consider yourself the employee and use the cards bearing your name and identification number

On May 1, 2006, your coverage will fall under the retiree insurance plan, which includes medical, drug, and vision coverage. Again, this coverage will continue at no cost to you, provided you do not remarry. The medical insurance would be canceled at your remarriage.

CM000246

Mrs. Loretta Isom  
September 14, 2005  
Page 2.

Please contact me if you should have any question regarding your benefit.

Sincerely,



Barbara St. Myer  
Human Resources Specialist  
Insurance Department  
765-286-6530

Enclosures



CM000247



**BorgWarner**

Benefits  
P.O. Box 2898  
Chicago, IL 60690-2898  
1-800-510-8624

October 19, 2005

Mrs. Delmar Campbell  
8804 W. Cornbread  
Yorktown, IN 47396

Dear Mrs. Campbell:

Please accept our sympathy on the death of your husband. He was covered by a life insurance policy in the amount of \$7,000 and you are the designated beneficiary.

In order to claim the death benefit, we will require a certified copy of the death certificate. Once we receive the death certificate, it takes approximately 4 weeks for Cigna to process the claim.

A General Agreement form is enclosed for you to complete indicating whether or not you want to continue the medical coverage with BorgWarner. This coverage is paid for by BorgWarner so it is free to you. The items that need to be completed are highlighted in yellow. Please note that the form must be notarized.

We also need a copy of your Medicare card for our files.

Please forward the death certificate, a copy of your Medicare card and the completed General Agreement form to us in the enclosed envelope.

You will receive a pension check for November at your home. The amount is \$538.00 per month. If you would like your pension check electronically deposited, please take the enclosed form to your bank for completion and then return it to me.

If you have any questions, please call.

Sincerely,

A handwritten signature in cursive script, reading "Patricia A. Hickey".

Patricia A. Hickey  
Senior Consultant

Enc.

BWBF00000804

## GENERAL AGREEMENT

## BORGWARNER BENEFITS PLANS

EMPLOYEE'S NAME DELMAR CAMPBELL SOCIAL SECURITY NUMBER 312-34-2413EMPLOYER'S NAME BorgWarner POLICY 3207248

TO: CIGNA GROUP AND HEALTH

The above named employee being insured by the Company under the aforesaid group health policy and certain benefits being about to or having accrued to said employee by reason of disability commenced this day recorded below, and said employee being unable to receive and endorse the benefit drafts now issued, because,

Employee is deceased? Yes ☒ No ☐ Date of Death 10/12/05Surviving spouse's social security number 317-36-1662~~Employee is physically unable to endorse drafts due to disability? Yes ☐ No ☐~~~~Date of disability \_\_\_\_\_~~

## INSURANCE FOR SPOUSE OF DECEASED EMPLOYEE

I wish to accept ☒ or reject ☐ continuation of the Hospital, Medical & Surgical Insurance provided for spouses and dependents of deceased employees by paying the monthly premium, if necessary, on or before the 5<sup>th</sup> of each month for that month's insurance at the BorgWarner Insurance Office, 5401 W Kilgore Ave., Muncie, IN 47304. BorgWarner rates are determined annually on January 1.

Single Coverage ☒ Dependent Coverage ☐Company Pays ☒ Individual Pays ☐

Dora Campbell  
Signature

10-24-05  
Date

## IT IS HEREBY AGREED

That the undersigned shall be paid and shall receive monies due and owing the aforesaid insured by said Company under the aforementioned policy or policies of insurance and

## IN CONSIDERATION WHEREOF

The undersigned does hereby covenant and agree that in the event of any claim or claims, damages, causes of action-at-law, or equity presented or prosecuted by or on behalf of any person or persons against Company and/or said policyholder as a result of the payment to the undersigned of said monies aforementioned to hold the said Company free and harmless and indemnify said Company for any and all claim or claimants actions or causes of action-at-law, or equity that the said Company and/or policy holder may be called or defend, as well as all expenses incidental thereto, immediately upon demand.

Signature Dora Campbell Date 10-24-05

Printed Name: Dora CampbellAddress: 8804 W Cornbread, Rd.

Yorktown, In. 47396  
Linda Little My commission expires 12-27-07

Notary



**BorgWarner**

Benefits  
P.O. Box 2898  
Chicago, IL 60690-2898  
1-800-510-8624

November 17, 2005

Mrs. Jack Kiplinger  
7200 W Co Rd 600 S  
Daleville, IN 47334

Dear Mrs. Kiplinger:

Please accept our sympathy on the death of your husband. He was covered by a life insurance policy in the amount of \$7,000 and you are the designated beneficiary.

In order to claim the death benefit, we will require a certified copy of the death certificate. Once we receive the death certificate, it takes approximately 4 weeks for Cigna to process the claim.

A General Agreement form is enclosed for you to complete indicating whether or not you want to continue the medical coverage with BorgWarner. This coverage is paid for by BorgWarner so it is free to you. The items that need to be completed are highlighted in yellow. Please note that the form must be notarized.

We also need a copy of your Medicare card for our files.

Please forward the death certificate, a copy of your Medicare card and the completed General Agreement form to us in the enclosed envelope.

You will receive a pension check for December at your home. The amount is \$1,105.59 per month. If you would like your pension check electronically deposited, please take the enclosed form to your bank for completion and then return it to me.

If you have any questions, please call.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Patricia A. Hickey'.

Patricia A. Hickey  
Senior Consultant

Enc.

## GENERAL AGREEMENT

## BORGWARNER BENEFITS PLANS

EMPLOYEE'S NAME JACK KIPHINGER SOCIAL SECURITY NUMBER 316-26-7398EMPLOYER'S NAME BorgWarner POLICY 3207248

TO: CIGNA GROUP AND HEALTH

The above named employee being insured by the Company under the aforesaid group health policy and certain benefits being about to or having accrued to said employee by reason of disability commenced this day recorded below, and said employee being unable to receive and endorse the benefit drafts now issued, because,

Employee is deceased? Yes ☒ No ☐ Date of Death 11/17/05Surviving spouse's social security number 306-36-2505~~Employee is physically unable to endorse drafts due to disability?~~ Yes ☐ No ☐Date of disability                     

## INSURANCE FOR SPOUSE OF DECEASED EMPLOYEE

I wish to accept ☒ or reject ☐ continuation of the Hospital, Medical & Surgical Insurance provided for spouses and dependents of deceased employees by paying the monthly premium, if necessary, on or before the 5<sup>th</sup> of each month for that month's insurance at the BorgWarner Insurance Office, 5401 W Kilgore Ave., Muncie, IN 47304. BorgWarner rates are determined annually on January 1.

Single Coverage ☒ Dependent Coverage ☐Company Pays ☒ Individual Pays ☐

Joyce K. Kipfinger  
Signature

11-28-05  
Date

## IT IS HEREBY AGREED

That the undersigned shall be paid and shall receive monies due and owing the aforesaid insured by said Company under the aforementioned policy or policies of insurance and

## IN CONSIDERATION WHEREOF

The undersigned does hereby covenant and agree that in the event of any claim or claims, damages, causes of action-at-law, or equity presented or prosecuted by or on behalf of any person or persons against Company and/or said policyholder as a result of the payment to the undersigned of said monies aforementioned to hold the said Company free and harmless and indemnify said Company for any and all claim or claimants actions or causes of action-at-law, or equity that the said Company and/or policy holder may be called or defend, as well as all expenses incidental thereto, immediately upon demand.

Signature

Joyce K. Kipfinger  
Printed Name: JOYCE KIPFINGER

Date 11-28-05

Address:

7200 W Co. Rd 600 SDALEVILLE, IN 47334

Notary

Patricia Davis  
My commission expires 12/11/2009